

# **Exhibit B**

**IN THE UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF ALABAMA**

JAMES EDWARD BARBER,

*Plaintiff,*

v.

KAY IVEY, Governor of the State of  
Alabama, JOHN Q. HAMM, Commissioner  
of the Alabama Department of Corrections,  
TERRY RAYBON, Warden, Holman  
Correctional Facility, STEVE MARSHALL,  
Attorney General of the State of Alabama,  
and JOHN DOES 1-3,

*Defendants.*

Case No. 2:23-cv-00342-ECM

**CAPITAL CASE – EXECUTION “TIME  
FRAME” TO BEGIN ON JULY 20, 2023**

**AFFIDAVIT OF LISA ST. CHARLES**

I declare, under penalty of perjury, the following:

1. My name is Lisa St. Charles. I reside in Chattanooga, Tennessee.
2. I am a semi-retired certified liver transplant coordinator and a certified surgical nurse.
3. I graduated from Purdue University School of Nursing in 1987. As part of my nursing training, I was trained in proper, clinically proven ways to start and maintain intravenous (IV) line access.
4. After graduating from nursing school, I spent five years working as an intensive care unit (ICU) nurse and liver transplant coordinator in the Indiana University hospital system. As part of my work as a surgical ICU nurse and liver transplant coordinator, I started and maintained multiple IV access points per patient. Many patients required both central and peripheral IV lines. Often the patients I treated were difficult “sticks” (i.e., it was difficult to successfully insert a needle into one of their veins)

because they had drug and/or alcohol abuse issues, were trauma victims, or were chemotherapy patients.

5. My husband is a physician, and we moved to Chattanooga, Tennessee, once he finished his residency in Indiana. I began working at CHI Memorial Hospital as a surgical nurse. In this role, I was responsible for assisting with all aspects of surgery, including pre-op, intra-op, and post-op. This work involved starting IVs and helping physicians place central lines prior to the beginning of a surgical procedure. I spent 15 years in this role.
6. I also completed two years of post-graduate work at the University of Tennessee at Chattanooga in their clinical nursing specialist program. I did not finish my rotation due to a family loss.
7. I spent the second half of my nursing career—a period of about 15 years—working for a plastic surgery practice in its outpatient operating room. In this role, I participated in pre-op, intra-op, and post-op procedures. Again, this work involved starting and maintaining IV access throughout the entire surgical process for each and every patient. Plastic surgery patients are often difficult “sticks” because of prior health issues.
8. Since last year, I have continued to practice nursing part-time in a plastic surgery office in Chattanooga. In this role I set IVs and assist with pre-op and post-op procedures.
9. In my 35-year long nursing career, establishing intravenous (IV) access in patients has been one of my primary responsibilities. I have set more IVs than I could possibly count, but the number likely exceeds 1,000 IV lines.
10. In my experience, it is usually easier to set IV lines in men than in women. This is because men’s veins tend to be larger and easier to find.
11. Aside from instances where a patient has some kind of physical condition that compromises their veins—such as being a chemotherapy patient or an intravenous drug user—it should never take longer than 15 minutes to set an IV line. In my experience, if a nurse was unable to set an IV line in a patient after 15 minutes and three needle sticks,

that nurse would need to find a better experienced person to set the line, and/or employ enhanced equipment such as ultrasound.

12. A rule of thumb I am accustomed to amongst experienced nurses is that a nurse gets up to three attempts at setting an IV line, or three needle "sticks," before that nurse needs to get help from someone more experienced. Personally, after two unsuccessful needle sticks on the same patient, I get a physician to help.
13. On a normal healthy patient, each IV stick attempt could take up to five to ten minutes; after fifteen minutes and no IV access, a physician or more qualified person should take control.
14. When a patient's veins are significantly compromised, there are several ways to establish IV access efficiently and so that the patient experiences as little pain as possible. In a medical setting, nurses and physicians have access to equipment that can facilitate locating veins. Some techniques to find and access veins require the use of appropriate pain control medication.
15. For almost all patients, setting an IV line can be anything from an uncomfortable experience to a very painful one. The longer it takes to set an IV line, the greater discomfort and pain a patient experiences.
16. The skill and experience of the person setting an IV line is one of the most important factors in whether the patient will experience pain during the process.
17. I have never spent, nor have I ever seen or heard of any nurse who has spent, 60 minutes or longer attempting to set an IV line. Based on my many years as a practicing nurse, I imagine that a duration of 60 minutes or longer would cause significant undue pain and distress.
18. I have never encountered a situation where it was medically necessary to spend 60 minutes or longer establishing IV access.
19. I understand that in the past year, the Alabama Department of Corrections has spent more than 60 minutes



attempting to set IV lines during lethal injection execution attempts. In my professional and personal opinion, this amount of time spent setting IV lines creates unnecessary pain and suffering.

20. I am neither for nor against the death penalty. I understand both sides of the argument about whether we should have a death penalty. I simply want to provide my opinion about the process of setting IVs based on my 35 years of experience as a full-time nurse, who regularly set IVs as part of patient care.

Date:

June 4, 2023  
Lisa St. Charles, RN BSN

Lisa St. Charles, RN, BSN  
Chattanooga, Tennessee